

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045452

Entity Name: LAFE ENTERPRISES, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

600 DONEGAN AVE  
KISSIMMEE, FL 34745

## New Principal Place of Business:

1027 AMERICAN WAY- HOAGLAND COMMERCE CENTE  
BLDG 3  
KISSIMMEE, FL 34741

## Current Mailing Address:

P.O. BOX 452533  
KISSIMMEE, FL 34744

## New Mailing Address:

P.O. BOX 580107  
KISSIMMEE, FL 34758

FEI Number: 59-3512562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPARKS, JEFFREY C  
545 DELANEY AVE  
BUILDING 8  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PENA, FEDERICO  
Address: P.O. BOX 452533  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: PENA, LEONIDA  
Address: P.O. BOX 452533  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PENA, FEDERICO  
Address: P.O. BOX 580107  
City-St-Zip: KISSIMMEE, FL 34758

Title: VP (X) Change ( ) Addition  
Name: PENA, LEONIDA  
Address: P.O. BOX 580107  
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEDERICO PENA

P

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date